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Bulletin

OF THE

National Tuberculosis Association

Vol. V FEBRUARY, 1919 No. 5

Campaign Headquarters

A SECTION OF THE NATIONAL TUBERCULOSIS ASSOCIATION OFFICES, 381 FOURTH AVENUE, NEW YORK CITY.

ARE YOU WITH US?

March the first is the opening date of the National Tuberculosis membership drive. Are you a member? If not, are we correct in assuming that you are interested in the health problems of your community and belong in one of the four following groups?

1—Individuals who are interested in overcoming tuberculosis and financially able to support both the local and national anti-tuberculosis campaigns.

2—Organizations such as tuberculosis, medical, hospital and civic associations who are interested in tuberculosis and health work and should be members of the National Association and receive the information it distributes.

3—Clubs and libraries that should be directly interested in joining because of the literature they will receive to place in the hands of their members.

4—Corporations that have social service and medical departments or otherwise take interest in the physical welfare of their employees and therefore have a special reason for joining as corporations.

There are a number of reasons why a greatly increased membership is vitally important at the present time.

It is uncertain what method will be used to raise tuberculosis funds throughout the country in 1920. Two million five hundred thousand dollars were appropriated by the American Red Cross for 1919 and are being distributed by the National Tuberculosis Association among more than 1,500 state and local tuberculosis agencies. This arrangement may not be continued. Hence, it is more necessary than ever to have a large group of representative and influential people in each state who are regularly informed regarding national health problems and the need of increased financial support to fight tuberculosis.

Every American citizen should feel at this time it is a patriotic duty and a post-war obligation to assist in carrying out the National Tuberculosis Association's health program, for it is aiding the government directly to care for tuberculous soldiers returning to civilian life.

Physicians and social workers actively engaged in tuberculosis work will be of much greater value to the community as a result of receiving the publications distributed by the National Association, which include not only information of value to physicians but an interesting variety of non-technical matter written especially for those who are not conversant with medical terms.

Thousands of people read magazines and literature in the reading rooms of clubs and libraries. Large numbers can be reached in this way who otherwise will not become interested in health problems.

Industrial and commercial concerns should be especially interested. Tuberculosis is a tremendous drain on the efficiency of industry and on the productive power of the worker. By help-

(Continued on page 3)

BULLETIN
OF THE
National Tuberculosis Association
Published Monthly
in the Interest of Workers Engaged in the Anti-Tuberculosis Movement by the
National Tuberculosis Association
381 Fourth Avenue New York City

Vol. V. Feb., 1919 No. 5

Entered as Second Class mail matter, October 21, 1914, at the Postoffice at New York, N. Y., under the Act of August 24, 1912

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381 Fourth Avenue New York City

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Resolutions

At a meeting of the Executive Committee of the National Tuberculosis Association on January 11th, the following resolutions of general interest were adopted:

"*Resolved,* That it shall be the sense of the Executive Committee that the Missionary Fund be assigned chiefly to the more recently organized and less well financially equipped agencies.

"*Resolved,* That each State desiring an appropriation from the Missionary Fund be required to conform to the following procedure in making request for participation in such fund:

"(*a*) A detailed financial statement shall be submitted showing the proposed budget of the association for the year and an estimated amount of revenue from sources other than the Missionary Fund.

"(*b*) A statement shall be submitted showing in detail for what purpose it is proposed to expend any moneys appropriated from the Missionary Fund and the reasons therefor.

"(*c*) All requests for participation in the Missionary Fund shall, if possible, be in the hands of the Executive Committee on or before February 1st.

"*Resolved,* That the Executive Committee of the National Tuberculosis Association advises the expenditure of Red Cross money during the year 1919, and therefore recommends that so far as possible unexpended balances from 1918 be held in reserve until the Red Cross funds are exhausted."

Requisition of funds for the second quarter of 1919 may be honored before reports of expenditures for the first quarter are at hand.

"*Resolved,* That the Executive Office be and hereby is authorized to develop the loan service as outlined in the report of the Executive Office, such service to include the employment of one or more necessary members to the staff, the total cost not to exceed $5,000.00."

It was suggested that loan material be developed through conference with Regional Secretaries, and that films of United States Public Health Service and the U. S. Army as well as other organizations be secured.

"*Resolved,* That a Committee of three be appointed by the President to investigate and report on the part the National Tuberculosis Association shall take in a nation-wide medical examination; that this Committee, if the report is in favor of a medical examination campaign, shall present recommendations and a suggested program to the Executive Committee at its next meeting."

"*Whereas,* Theodore Roosevelt, the distinguished former President of the United States and the beloved type of American manhood, has been called to his reward; and

"*Whereas,* Mr. Roosevelt has served for many years as an Honorary Vice-President of the National Tuberculosis Association; and

"*Whereas,* Mr. Roosevelt has been a constant friend and supporter of the work for the prevention of tuberculosis; therefore be it

"*Resolved,* That the Executive Committee of the National Tuberculosis Association expresses for the members of the Association their sense of profound personal loss in the death of Theodore Roosevelt, and their appreciation of the distinguished services rendered by him to his country and to the tuberculosis cause; and be it further

"*Resolved,* That these resolutions be spread upon the records of the Association, and that a copy of them be forwarded to Mr. Roosevelt's family."

A Post-War Duty

The National Tuberculosis Association is now cooperating with the Federal Board for Vocational Education in making a complete study of the after-care and employment of arrested cases of tuberculous soldiers. State and local associations may render assistance by working with the district offices along the following lines:

1. Make available all information your association has secured concerning the whereabouts, medical and social history, etc., of disabled soldiers.

2. Fill out, when requested, the preliminary information blank which is supplied by the Federal Board.

3. Give all possible information and assistance in the placement of arrested cases of tuberculosis in industry, business or profession.

4. Supply the names of physicians in your state who are known to have had special training and experience in the diagnostics of chest diseases.

5. Supply information concerning visiting nurses, dispensaries and sanatoria.

6. Aid in the follow-up service.

7. Assist in a much needed program of education among employers of labor and labor unions; also among sanatoria upon the subject of occupational therapy and vocational training.

8. Send notices of tuberculosis meetings and conferences which will enlighten the Federal Board staff workers on the progress of the anti-tuberculosis movement, and supply information concerning new literature on tuberculosis.

In the follow-up and after-care of tuberculous soldiers, it will be found that the facilities of the Federal Board for Vocational Education are not only helpful but extremely necessary. The Board offers to train and place in industry any soldier or sailor discharged from the military or naval service of the United States who is compensable under the Bureau of War Risk Insurance.

District Offices

District No. 1.—Maine, New Hampshire, Vermont, Massachusetts, Rhode Island. Office: Tremont Bldg., Boston.

District No. 2.—Connecticut, New York and New Jersey. Office: Room 711, 280 Broadway, New York, N. Y.

District No. 3.—Pennsylvania and Delaware. Office: 1000 Penn Square Building, Philadelphia, Pa.

District No. 4.—District of Columbia, Maryland, Virginia and West Virginia. Office: 606 F Street, N.W., Washington.

District No. 5.—North and South Carolina, Georgia, Florida and Tennessee. Office: Candler Bldg., Atlanta.

District No. 6.—Alabama, Mississippi and Louisiana. Office: 322 Maison Blanche Annex, New Orleans, La.

District No. 7.—Ohio, Indiana and Kentucky. Office: 906 Mercantile Library Building, Cincinnati, Ohio.

District No. 8.—Michigan, Illinois and Wisconsin. Office: 1600 The Westminster, 110 S. Dearborn St., Chicago.

District No. 9.—Iowa, Nebraska, Kansas and Missouri. Office: 517 Chemical Building, St. Louis, Mo.

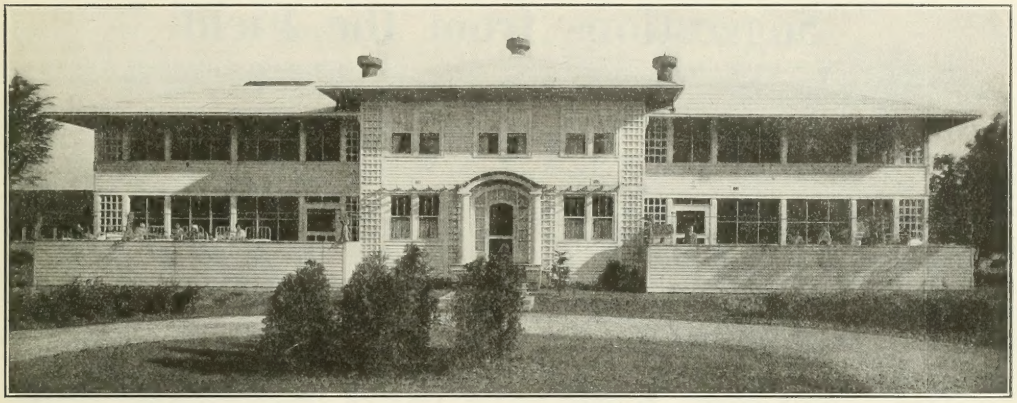
District No. 10.—Minnesota, North Dakota and South Dakota. Office: Room 742, Metropolitan Bank Building, Minneapolis, Minn.

District No. 11.—Wyoming, Colorado, New Mexico and Utah. Office: 909 Seventeenth Street, Denver, Colo.

District No. 12.—California, Nevada and Arizona. Office: San Francisco, Cal.

District No. 13.—Montana, Idaho, Oregon and Washington. Office: Seattle.

District No. 14.—Arkansas, Oklahoma and Texas. Office: Dallas, Tex.



A MICHIGAN SANATORIUM—AN ILLUSTRATION OF WHAT EDUCATIONAL WORK BY THE NATIONAL TUBERCULOSIS ASSOCIATION BRINGS INTO EXISTENCE THOUGHOUT THE COUNTRY

(*Continued from page* 1)

ing in an educational program, industry is taking advantage of the easiest, the cheapest, the most efficient, and the best co-ordinated machinery for fighting tuberculosis.

Members Urged to Help

A large increase in membership may be gained by comparatively small effort on the part of old members who will assume the responsibility of recruiting two or three friends or corporations whose membership can only be secured through personal influence.

A large membership in every state will increase the influence of local associations and hasten the passage of health legislation to provide sanatoria for the sick and means of protecting you and your neighbors from contagion.

By becoming a member of the National Tuberculosis Association you are grasping an opportunity for individual service as important as helping to make the world safe for democracy, for you will aid in the fight to free civilization from communicable diseases. Tuberculosis takes a toll of 200,000 men, women and children annually. Who of us has not seen friends and neighbors, young and old, withered by the virulent poison of this persistent foe to life?

It is only through personal sacrifice and the investment of time and money that community health may be purchased. Therefore fill in the application form printed on page 5 and secure additional blanks from your local tuberculosis association for your friends.

THESE YOUNGSTERS ARE BEING GIVEN A CHANCE TO GET WELL—BUT THOUSANDS OF TUBERCULOUS CHILDREN IN EVERY STATE ARE RECEIVING NO CARE

YOUR MEMBERSHIP WILL HELP ORGANIZE COMMUNITY FORCES TO PREVENT CASES LIKE THIS—AND STOP THE SPREAD OF TUBERCULOSIS

Suggestions from the Field

This department of the BULLETIN is designed to give brief information regarding anti-tuberculosis activities in different parts of the country. The items published are presumed to deal with new lines of work or new methods and to contain suggestions of general value. Tuberculosis workers are invited to send appropriate information to the National Tuberculosis Association, marked "Exchange Service."

Health Education Self Imposed

By GRAVES MOORE, Secretary,
Committee on Prevention of Tuberculosis, Brooklyn Bureau of Charities

Educational work in our elementary schools is probably the most satisfactory and the most pleasant occupation anyone engaged in tuberculosis work can have. The reaction is swift and sure. Boys and girls either like you or they do not. They are interested in what you have to say or very much bored. There is never any doubt in their minds and they are not slow to express their feelings. They are most receptive and if the speaker can interest them there is no question of his welcome. With the young man and woman of the high school it is quite a different proposition. The average high school student is much impressed with his wisdom and the weight of years rests heavily upon him; he is therefore much more difficult to interest especially in any subject where his own welfare is concerned. He feels quite capable of managing his own affairs and resents more or less any interference from the outside.

The Committee on the Prevention of Tuberculosis of the Brooklyn Bureau of Charities has made several extensive campaigns in the past few years in the elementary schools in Brooklyn. These campaigns have always met with success due in a great part to the splendid cooperation given by the public school authorities, especially by individual principals in the schools. For some time the Committee felt that its health program should be carried into the high schools but there was always considerable doubt as to its ultimate success. The Committee was of the opinion that it was rather difficult to tell much of anything to high school students. Then it was decided that it might work the other way; that the students become their own teachers. This idea resulted in the Trudeau Prize Poster Contest held in the schools of Greater New York recently. This contest was under the auspices of the New York Department of Education, the Committee on the Prevention of Tuberculosis of the Brooklyn Bureau of Charities, the Committee on the Prevention of Tuberculosis of the New York Charity Organization Society and the New York Department of Health. The contest was directly under the supervision of Dr. James P. Haney, Director of Art for High Schools of Greater New York. Perhaps the most interesting phase of the contest from the standpoint of the Tuberculosis Committees was the fact that it gave their representatives an opportunity to go into every high school and outline the work of the committees in general and the purpose of this contest in particular. It was not confined to any particular group although practically all the students competing were members of the various art classes. *The contestants were given three ideas and told to go ahead.* The themes on which they were asked to draw their posters were as follows:

(1) *Fresh air, the most valuable agency toward the prevention of tuberculosis.*

(2) *Good health and its relationship toward good citizenship.*

(3) *The value of the periodical medical examination.*

Approximately 450 students entered this competition. Without doubt the prizes offered were an incentive for the work. Uniform prizes were offered in each school. The first prize was five dollars in gold, the second and third, silver and bronze medals, respectively. These medals were especially designed for this competition, the obverse bearing a cast of Dr. Trudeau's head and the reverse the name of the committee awarding the prize and the name of the prize winner. Local judges were appointed in each high school and the awards were made at approximately the same time. When all the prizes had been awarded, the three prize winning posters from every school were assembled in a large exhibit in the galleries of the Art Alliance of America in New York, where they were on exhibition two weeks.

FIRST PRIZE POSTER
DRAWN BY ISIDORE ROTHSTEIN, BUSHWICK HIGH SCHOOL, BROOKLYN, N. Y.

SECOND PRIZE POSTER
DRAWN BY OLIVE HERZBERG, MANUAL TRAINING HIGH SCHOOL, BROOKLYN, N. Y.

At the beginning of this exhibit two additional prizes of $25.00 in gold were awarded for the two best posters of all the prize winners. The judges for these awards were especially selected because of their interest and their ability. They were Charles Dana Gibson, Edwin Blatchfield, James P. Haney, Frederick B. Pratt, Dr. James Alexander Miller, Lawrence Veiller and Robert W. DeForest.

Apart from the educational value in the schools, the publicity was also considerable. At the close of the contest the Brooklyn Tuberculosis Committee purchased thirty-three of these original posters, the purchase price going to the individual artist in every case.

A second exhibit of posters was held at the National Tuberculosis Conference at the Copley-Plaza Hotel in Boston last May. At that time the posters attracted considerable attention and the Chicago Tuberculosis Institute purchased eleven of them for an educational exhibit in that city. Since the Brooklyn Tuberculosis Committee has purchased this exhibit it has been in constant demand. During the last summer months the posters were displayed in public parks

and playgrounds and in department stores in Brooklyn.

Up to the present time the posters have been used by the New York Department of Health for special exhibition purposes. The educational value of this kind of work has been questioned. However, there was no question in the minds of the people who managed the contest. In talking with the high school students it was apparent that they had gotten the idea, and that many of them were impressed by the health propaganda expressed. During talks to the students many intelligent questions were asked concerning the prevention of tuberculosis.

In connection with this poster contest, it was interesting to note that the propaganda went beyond the students themselves. Practically all the work on these posters was done outside of school hours and in the homes of the boys and girls. On this account the parents became interested in the work and when the posters were exhibited in the schools numbers of parents came to view the work of their children. The result in educational propaganda was therefore twofold.

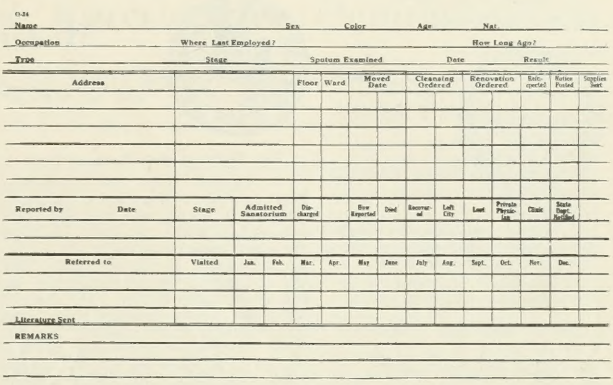
A poster competition of this sort is so simple and its cost so small that it could readily be carried out in almost any school community in the United States.

Educating County Officials

Healthology is the name of the new magazine issued by the Kansas Tuberculosis Association, and one thousand county officials received copies of the first edition while they were in conference in Topeka the latter part of January. It contains an interesting variety of paragraphs regarding the needs of general health and tuberculosis work. Another attractive feature of this publication is a confession in the first person singular by "Contagion," of which Dr. J. J. Sippy, Executive Secretary of the Kansas association, is the author.

Fighting T. B. With Medicine Bottles

Several wagonloads of medicine bottles have been collected by the children of Topeka, Kansas, as a result of a campaign conducted by the Topeka Public Health Nursing Association. Funds derived from the sale of the bottles to local druggists at from one to four cents each, will be turned over to the nursing association for the benefit of the local tuberculosis hospital. Many housewives welcomed the opportunity to clear out accumulated empty bottles and at the same time served the health interest of the community.



O-24

Name _____ Sex _____ Color _____ Age _____ Nat. _____

Occupation _____ Where Last Employed? _____ How Long Ago? _____

Type _____ Stage _____ Sputum Examined _____ Date _____ Result _____

Address		Floor	Ward	Moved Date	Cleaning Ordered	Renovation Ordered	Exterminator	Notice Posted	Supplies Sent

Reported by	Date	Stage	Admitted Sanatorium	Discharged		How Reported	Died	Recovered	Left City	Lost	Private Physician	Clinic	State Dept. Notified

Referred to	Visited	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

Literature Sent _____

REMARKS _____

An Improved Registration Card

Mrs. Ethel M. Hendriksen, executive secretary of the Rochester Tuberculosis Committee of the New York State Charities Aid Association, has provided her association with a new registration card. It is reproduced above because of its condensed and complete form. Space is provided for recording everything which the New York state health law requires health officers to note, including sanitary supervision of patients.

A Suggested Program for the Hygiene of School Children

By Donald B. Armstrong, M.D.

A. DISEASE SUPPRESSION.

I. *The Environment.*

a. The hygiene of the school plant.
1. Ventilation, light, heating, etc.
2. Cleanliness, dusting, sweeping.
3. Seating.
4. Drinking facilities, toilet equipment, etc.

II. *Personnel.*

a. Medical and nursing activities.

1. Full time school physicians, with special training for the work, to make general routine examinations, and special examinations such as mental, nose, throat and eye, etc.

2. Adequate equipment with examining rooms in each building, for the work of the medical examiner.

3. Clinic provision, including medical, dental, eye, nose and throat, orthopedic, nutritional, postural, etc.

4. Adequate full-time nursing service, under the supervision of the medical director, to assist the physician in examination work, to follow up cases with disease and defects into the homes, and to insure corrective treatment, either through the clinic equipment for necessitous cases, or by arrangement with private physicians.

5. Routine and special measures of an epidemiological character, associated with adequate laboratory facilities, for the detection and control of contagious disease, enlisting in this service the assistance of the teachers.

6. Adequate records and blank forms, report system, etc.

(*Continued on page 6*)

I desire to become a member of the NATIONAL TUBERCULOSIS ASSOCIATION, and enclose herewith ..... Dollars in payment of my annual dues.

It is understood that $1.00 of this amount is to be used for a year's subscription to the JOURNAL OF THE OUTDOOR LIFE.

Kindly mail Certificate of Membership to

Name .....

Address .....

.....

Checks should be drawn to the order of WILLIAM H. BALDWIN, Treasurer, and forwarded to 381 Fourth Avenue, New York City.

Endorsed by .....

Individual membership fee is $5.00. Corporate membership fee is $5.00 or more.

(*Continued from page 5*)

B. HEALTH CREATION.

a. Educational Work.

1. Routine instruction in personal hygiene and health conservation for pupils in connection with proper courses.

2. Special measures to encourage healthful practices among pupils such as the Health Crusader organization, the Junior Red Cross Leagues, etc.

3. Special instruction in health and disease prevention, sickness detection, etc., for teachers.

4. Instruction of janitors in hygienic control of school plants.

b. Special Constructive Measures.

1. The development of recreation facilities, school center activities, etc.

2. Gymnasium and bathing pool equipment, class gymnastic exercises, etc.

3. Open-air schools for the tuberculous, the under-par children, and the normal classes.

4. School lunches.

C. STAFF AND EQUIPMENT.

1. Full-time medical officers, probably aided by part-time assistants.

2. Full-time nurses.

3. Dentists on full or part-time.

4. Dental hygienists.

5. Recreation leaders, paid or volunteer.

6. Gymnasium instructors and physical educators.

7. Posture teachers.

8. Clinic equipment, with central and sub-stations, for dental, nose and throat, eye, orthopedic, general medical, and other services.

D. COST.

In view of the wide variation in size of communities to which such a program might be applied, no detailed suggestions are made regarding cost.

The equipment would have to cover such facilities as clinics, play-grounds, gymnasium, school lunches, etc.

As to staff, full-time medical officers can probably be secured for an annual salary of $2,500, nurses at $1,200, dentists on part-time at $800, recreation leaders at $1,000, posture teachers at $1,000, dental hygienists at $1,000, etc.

Association Name Unchanged

An erroneous statement appeared in the January BULLETIN indicating that the name of the Utah Public Health Association had been changed. The society will continue to be known as the Utah Public Health Association.

Modern Health Crusaders Department

The Field of the Cloth of Gold

The knightly hosts are marshalling. The number of contestants who have made ready to enter the National Tournament has exceeded expectations. With the whole country as the Field, an immense number of school classes, each one a company of candidates for the honors of health chivalry, will strive to wrest the victors' banners from rivals in all sections of the country. The National Tuberculosis Association has been obliged to purchase the Crusade printed matter and insignia literally by millions as the implements of the jousters. Arsenals are maintained at New York, Chicago, Los Angeles and Portland to insure rapid distribution to all parts of the country.

A large number of states and also counties and cities have staged tournaments for their territories, simultaneous with the National Tournament, integral parts of the Field of the Cloth of Gold. They begin February 9th and extend over fifteen weeks.

Silver Tourneys

On account of the influenza ban on schools or because of short terms, certain state and local associations have been unable to arrange for fifteen-week tournaments, the contests in acquiring the rank of Knight Banneret, with its golden badge. Fortunately, this form of competition is adapted also to ten-week jousts, in which the highest rank obtained is that of Knight. The silver badge of the Knight lends the name of *"silver tourney"* to this contest.

The National Association invites any state association which is not conducting a fifteen-week tournament to arrange a silver tourney for any ten consecutive weeks during the remainder of the school year. This shorter contest is also recommended for any local association in whose territory the schools do not participate in the National Tournament.

The rules and conditions of the National Tournament with a few changes will serve for a silver tourney. It is recommended that the association conducting a tourney issue a circular of its own, amounting to a reprint of the circular, "The Field of the Cloth of Gold," or of the chapter on tournaments in the Red Cross publication, "Common Sense in Health," with the necessary editing. The National Association will gladly furnish copy for printing a circular on a ten-week tourney for any association that so requests. The National Association stands ready to have the circulars printed in New York if a lower price can thus be obtained, but it recommends that a local printer be consulted.

The report form for a silver tourney may be modeled closely to the official report form for the National Tournament. The National Association will, on request, either supply copy for use of a local printer or will quote prices for printing in New York.

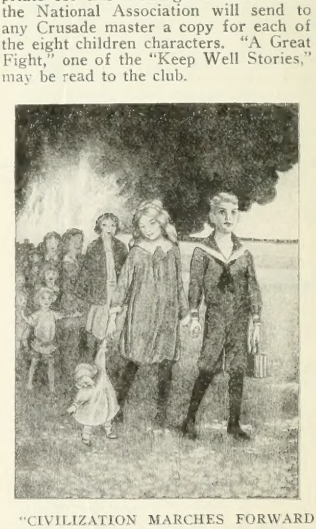
Pennants

The National Association will place an order for any association with New York flagmakers for pennants or banners for tournaments or tourneys. Banners inscribed especially for each winner in the nine tournament (tourney) divisions cost from six dollars upward, according to the fabric and wording. Simpler pennants, invariable for each winner, may be had at lower figures.

Regular February Meeting

The subject for the regular February meeting, given in the M. H. C. manual, "Fake cures and real medicine; fresh air, wholesome food, exercise, rest; methods of outdoor sleeping," affords the Crusade master an opportunity for pointing out the worthlessness of so-called "cures" and the value, both curative and preventive, of certain hygienic practices.

The National Association will furnish on request the pamphlet "Fake Consumption Cures." The health playlet, "Miss Fresh Air," is especially appropriate for this meeting. For ten cents the National Association will send to any Crusade master a copy for each of the eight children characters. "A Great Fight," one of the "Keep Well Stories," may be read to the club.



"CIVILIZATION MARCHES FORWARD ON THE FEET OF LITTLE CHILDREN."
—*Child Welfare Graphic.*

"Outdoor sleeping" means sleeping not necessarily out of doors, but with all windows wide open, which is possible in the coldest weather if the sleeper is well protected. A practical demonstration of the making of the Klondike bed may be given at the meeting, with a cot, mattress and blankets; or the mattress may be represented by a book and the blankets by sheets of paper. To make the Klondike bed, place over the mattress an old blanket or a cotton bed pad of the same width as the mattress, and on this ordinary sheets or blankets. Make the bed, allowing the covers to fall loose on every side. Then gather up the covers on one side and pass them beneath the pad to the center of the bed: likewise on the opposite side and at the foot. The entire bed is then covered by a heavy blanket or quilt tucked under the mattress.

("Fresh Air and How to Use It," $1.00.)

March Meeting

The subject for the March meeting is "nervous system; influence of mind on health; cheerfulness, anger, courage, purity." The Crusade master may give a brief talk on the function of the nervous system, followed by a practical discussion of the relation between mind and health.

It should be emphasized that cheerfulness is a mental habit which tends to benefit the health, whereas worry and anger produce harmful results. It may be pointed out, on the other hand, that lack of mental poise is often due to improper physical conditions which must first be corrected. It will be especially pertinent to use an example from the knights of old or from present-day heroes to stress the fact that courage and discipline are essential to the highest efficiency.

Crusade masters are invited to apply to the National Association for sample copies of the Life Extension Institute leaflet, "Nerves and Grouches."

Notes and Pointers

Mr. Harry Schachter of the Brooklyn tuberculosis committee is introducing the Crusade among the synagogue schools.

From Halifax, N. S., comes an order for Crusade supplies. The school nurse writes, "The children are delighted with the health chore folders and are busy filling them out."

In California the Crusade is pronounced by Mrs. E. L. M. Tate-Thompson the most effective single item in the campaign of the State Association.

Miss Ella G. Thompson, Crusade master at Leasburg, N. C., writes: "As yet our band of Crusaders is small, only twenty; but the children are very enthusiastic and at each meeting bring little visitors who are willing to take the health chore folders for trial. I think there will be thirty of us by Christmas."

The Texas Public Health Association has voted to employ a children's worker whose duty will be to direct the development of the Crusade in the state.

The Framingham Demonstration

No. 8: Direct Benefits to the Community

By D. B. Armstrong, M.D., Executive Officer

These monthly articles in the Framingham series began in July, 1918

In Framingham as well as elsewhere there frequently arises the following inquiry: What are the direct benefits of the Health Demonstration to the town itself? This question is apt to occur to anyone not in close enough touch with the work to be fully aware of the local advantages resulting from a health demonstration of this kind. For the information of Framingham citizens as well as for those interested in this question in other communities, the following points may be mentioned:

1. Framingham has been placed "on the map" as the "Health Town" and is more widely known among medical, health and social workers throughout the United States than any other community of this size.

2. More than 6,000 Framingham citizens have been examined through the Health Station alone, and several thousand of these have been referred to the local physicians for treatment. In addition, the Health Station has, through its own machinery, followed up groups of cases, such as the nose and throat condition among children, and has made every effort to have these conditions corrected.

3. An intensive search has been made for tuberculosis. Whereas there were 27 cases known when the Demonstration started, there have been under care or advice since January, 1917, approximately 250 cases, many of which have become arrested and are following normal industrial pursuits. This work brought to the attention of the local authorities many cases that would not have been discovered through the ordinary town machinery, at a time when the disease was in the early stage and when it could be cured. Cooperation has been given local health authorities in the treatment of many of these cases, including equipment for home treatment, equipment for sanatorium treatment, food and milk, financial aid, etc.

4. Out of the tuberculosis work has grown an expert consultation service, used now by practically all of the physicians in Framingham, the consultant being employed at present many times a day by physicians in the diagnosis and treatment of difficult cases. This consultation service helps not only in tuberculosis cases, but also in many other types of disease. Last year alone this consultation service was responsible for the discovery of approximately 60 cases of tuberculosis, as a result of the aid given local physicians.

5. There has been organized and financed a medical club, making it possible for the local men to hear scientific and medical authorities of national and international importance, thereby improving the standards of medical practice in the community and directly benefiting the lives of Framingham citizens.

6. Part of the time of the consultation service has been devoted to the draft board work, practically all questionable pulmonary cases being gone over by a Health Station representative. This aided in giving the draft board an enviable record, practically no cases being returned to Framingham from the cantonments, for pulmonary disease not previously diagnosed as such by the draft board.

7. Assistance has been given the community in meeting the influenza situation, by providing extra equipment for both the hospitals, by aiding in the development of the community plan for controling the situation, by providing two nurses for hospital and district service, by providing an expert medical consultant for diagnosis and treatment, by providing examination facilities for the factory employees before their return to industry, etc.

8. Several hundred dollars have been devoted to the provision of additional x-ray equipment at one of the hospitals, placed at the service of the local physicians, and used by the Health Station in the diagnosis of tuberculosis and other conditions.

9. Infant Welfare. Assistance was given in financing an extensive Baby Week, an expert was secured from the Children's Bureau in Washington, and the salary of the infant welfare nurse has been met since the beginning of the Demonstration to date.

10. Pre-School Child. Many of these children have been examined in the medical examination work, many have been followed up by nurses to secure the correction of defects, and several hundred children have been provided with summer camp facilities during the two summers of the Demonstration.

11. School Children. The School Committee has been assisted financially in meeting the health obligations of the school child, the Demonstration has agreed to pay the salary of a dental nurse for several months, part of the salary of a supervisor for the Community House in Coburnville has been met for a year or more and the rent on this house has also been paid for an equal period of time.

12. Factory Work. Educational literature has been provided for the industries on tuberculosis, general health, influenza, etc., and advice given regarding the development of factory medical

work. The expert medical consultation service has been used extensively in certain factory groups for the diagnosis of questionable disease.

13. The plan for domestic science instruction for groups of mothers in several parts of the community has been financed for the Framingham Normal School.

14. Part of the salary of the full-time executive secretary of the Civic League has been provided from the Demonstration fund, and also the salary of an educational assistant for this organization has been guaranteed for one year, in view of the importance of the program of this organization for the health of the community.

15. Aid has been given to many patriotic endeavors, such as the Red Cross, the Liberty Loans Campaigns, War Saving Stamps Campaign, the United War Work Campaign, etc., by means of educational displays, literature, newspaper articles, field canvassing, preparation of maps and selection of district committees, etc.

16. Equipment and material for school lunches in one of the public schools in Framingham were provided for one year out of the Demonstration fund.

17. An extensive educational campaign, through the use of leaflets, special bulletins, exhibits, health letters in the paper, provision of Forum speakers, etc., has aided in the deveolpment of hygienic practices among all ages and all types of people in Framingham.

18. A special study of the local milk situation has been made, through the cooperation of government officials, and plans are being worked out at the request of local producers for the improvement of the economic and sanitary aspects of milk handling in Framingham.

19. Extensive organization work has also promoted hygiene and public health. Neighborhood committees have been formed and have been used in various ways to improve information regarding health. Health Crusader and other organization educational work in the schools have encouraged the children to think along health lines. This type of hygienic work has reflected itself in the homes and has improved living conditions.

20. Through a private contribution there was secured by the Health Station sufficient funds for the equipment of a dental clinic in the High School for use by the school medical and dental staff. In connection with this equipment, the Health Station has agreed to purchase the necessary equipment for dental hygienic work to be carried out by the dental nurse previously mentioned.

21. Perhaps the most conspicuous result of the work has been the success which has marked the Demonstration's efforts to have the community meet its own obligations along health lines. The results in this regard have demonstrated that the average American community may be depended upon to do its part in such a plan.

In this connection, a tuberculosis nurse has been added to the Board of Health, a full-time physician to the school staff, a full-time physician for one of the factories, two infant clinics with paid medical supervision have been financed by the local civic organization, etc. In addition, the civic association has just taken over the salary of the infant welfare nurse, the school committee is arranging to assume the remainder of the expense for the adequate school health staff which up to the present time has been met from the Demonstration fund, and other industries are interested in the establishment of clinics with medical and nursing service.

The Framingham health program is both an experiment and a demonstration. Many devices and measures are being experimented with in order to determine their relative value in the prevention of sickness and unnecessary death. The Framingham experience is encouraging, in that it shows that, while this type of work, in so far as it is useful, will directly benefit the community during the period of the demonstration, there is, further, every reason to believe that the community will see the value of the work and will endeavor to carry it on under permanent local auspices.

NOTE.—*Several publications are now available at the Community Health Station and may be had at the rate of 5 cents a copy. Mail orders should be addressed to the Community Health Station, Framingham, Mass. These publications are as follows: Diagnostic Standards in Tuberculosis; Monograph No. 1, The Program; Monograph No. 2, The Sickness Census; Monograph No. 3, The Vital Statistics of Framingham; Monograph No. 4, Medical Examination Campaigns; Monograph No. 5, Tuberculosis Findings.*

Employment Service

The National Tuberculosis Association has made arrangements for the year 1919 with the National Social Workers Exchange whereby that organization will take over the employment service of the National Association for the year 1919.

Under the arrangement with the National Association, the Exchange will not charge fees to persons who are placed in the tuberculosis field through it. The National Association is reimbursing the Exchange sufficiently so that no fees need to be charged.

Persons who are interested in securing positions in the tuberculosis field or who are interested in securing employees of various kinds should write to Mrs. Edith Shatto King, Manager of the National Social Workers Exchange, 130 East 22d street, New York City. The Exchange will undertake to secure positions and make placements for executives, assistant executives, secretaries of tuberculosis associations, sanatorium superintendents, resident physicians, matrons and head nurses of institutions, visiting and public health nurses, and special representatives who are more than clerical assistants. The Exchange will not undertake to place stenographers or clerical assistants and such employees as cooks, chefs and under employees of sanatoria and other institutions.

There is at the present time a very marked demand for public health and tuberculosis nurses in the west, particularly in South Dakota, Washington, Oregon and California. Nurses who wish to work in these States should get in touch with Mrs. King at once.

Groom's Health First Reader

The sale and distribution of the Health First Reader, prepared by William S. Groom, of Covington, Ky., has been taken over by the Strobridge Lithographing Company. This booklet shows the same unique individuality in form and contents that Mr. Groom gave to his now famous tuberculosis bookmarks. Each page bears a little health rhyme or jingle and an attractive three-color picture to illustrate the jingle. The pictures are splendidly adapted for the teaching of children and are being widely used in the public schools.

The Strobridge Lithographing Company, 112 W. Canal Street, Cincinnati, will send samples and prices in quantities on request.

National Association Director Dies

Dr. John H. Lowman of Cleveland, head of the first American Tuberculosis Mission to Italy, died at the age of seventy in New York Hospital on January 23rd, two days after his return to the United States.

Dr. Lowman was president of the National Tuberculosis Association in 1913 and a member of the Board of Directors at the time of his death. He represented the American Medical Association at an international conference on tuberculosis held in Rome several years ago. He graduated from Wesleyan University, took his medical degree at the College of Physicians and Surgeons, Columbia University, and for many years was professor of clinical medicine at Western Reserve University, Cleveland, Ohio.

Letterheads

For purposes of economy and convenience, the National Association has adopted a new style of "family" letterhead in addition to its regular letterhead. The "family" letterhead will not contain the names of the directors, but will carry the names of the officers and the members of the staff. It will be printed on a somewhat cheaper quality of stationery from the regular letterhead and will be used more primarily for tuberculosis workers or members of the National Association family. Since most of the correspondence of the Association is with this particular group, it is anticipated that the use of a less expensive letterhead will effect a considerable saving. Correspondence relating directly to the Modern Health Crusade will be written on special letterheads. Each regional branch office will also have distinctive stationery.

Negro Association Offers Aid

At the conference on Demobilization and Responsibilities of Organized Social Agencies held in New York, November 29-30, 1918, the following resolution was passed and has been given special prominence in a circular distributed by the National League on Urban Conditions among Negroes:

> "That every Program for Demobilization and for National and Community Reconstruction shall Adequately and Consciously Include Provision for our Negro Fellow-Citizens and for their Co-operation Therein."

Eugene K. Jones, executive secretary of the League, states that the branch offices and affiliated organizations of the League listed below will be glad to co-operate with tuberculosis workers for the education and care of tuberculous Negroes.

The following list represents the established branches and secretaries of the National League on Urban Conditions Among Negroes:

New York: New York Urban League; James H. Hubert, Exec.-Sec., 2303 Seventh Ave.; Elizabeth Walton, Chairman, 1 West 83rd St.

Brooklyn: Brooklyn Urban League; R. J. Elzy, Exec.-Sec., 102 Court St.; W. H. Baldwin, 3rd, Chairman, 129 Columbia Heights.

Philadelphia, Pa.: Philadelphia Association for the Protection of Colored Women; Rev. Henry Phillips, President, 1506 Catherine St.; S. W. Layton, Sec'y.

Philadelphia, Pa.: The Armstrong Association; John T. Emlen, Secretary, Fourth and Chestnut Sts.; Rev. C. E. Grammer, President.

Nashville, Tenn.: Public Welfare League, 108 Edar St.; Paul Mowbray, Acting-Secretary, Fisk University; A. M. Trawich, Chairman.

Englewood, N. J.: Englewood League for Social Service Among Colored People; Dan Hopkins Taylor, Secretary, "Parkview"; Robert H. Corey, Pres.

Huntsville, Ala.: Work turned over to churches.

Savannah, Ga.: Savannah League on Urban Conditions Among Negroes; Sol Johnson, Secretary, 1009 W. Broad St.; C. G. Lemon, Director.

White Plains, N. Y.: Negro Welfare League; Eugene S. Moses, Secretary, 2 Lyon Place, White Plains, N. Y.; Lawrence S. Jackson, Chairman, 9 Desbrosses St., New York City.

Chicago, Ill.: League on Urban Conditions Among Negroes; T. Arnold Hill, Secretary, 3032 S. Wabash Ave.; Prof. Robert E. Park, President, University of Chicago.

Pittsburgh, Pa.: The Urban League of Pittsburgh; John T. Clark, Secretary, 505 Wylie Ave.; Walter A. May, Chairman, Fifth and Liberty Aves.

Norfolk, Va.: Travelers' Aid Work; Hattie A. V. Proctor, Worker, 871 Monticello Ave.

Charlotte, N. C.: Associated Charities Auxiliary; Mary Jackson McCrorey, Secretary, Biddle University.

Columbus, Ohio: Columbus Urban League; J. M. Pollard, Exec.-Sec., 185 N. Fifth St.

Memphis, Tenn.: Wm. J. Jones, Exec.-Secretary, 492 St. Paul Ave.

Augusta, Ga.: Colored Civic Improvement League; Rev. T. H. Dwolle, President, 411 Eleventh St.

Louisville, Ky.: Booker T. Washington Community Center and Newsboys' Improvement Club Association; Bessie L. Allen, President, Ninth and Magazine Sts.

Detroit, Mich.: League on Urban Conditions Among Negroes; John C. Dancy, Jr., Exec.-Sec., 287 St. Antoine St.

Cleveland, O.: Negro Welfare Association; Wm. R. Conners, Exec.-Sec., 4208 Central Ave.; A. E. Martin, Pres.

Atlanta, Ga.: Atlanta Neighborhood Union; Hattie R. Watson, Secretary, 140 N. Henry St.; John Hope, President, Morehouse College.

Jersey City, N. J.: Negro Welfare League; George E. Cannon, Secretary, 354 Pacific Ave.; Thomas J. Stewart, Chairman, 694 Bergen St.

Trenton, N. J.: League on Urban Conditions Among Negroes; T. Edward Kinney, Secretary, 102 Bellevue Ave.; John E. Gill, President, Rider Moore and Stewart School.

Westfield, N. J.: Colored Welfare League; H. F. Brock, President, 658 West Broad St.; M. A. Brown, Sec'y.

Newark, N. J.: Negro Welfare League of New Jersey, 212 Bank St.; Wm. H. Ashby, Exec.-Sec.; Josephine Pinyon, Associate Exec.-Sec.; W. H. Vail, President.

Chester, Pa.: George W. Thomas, Secretary, 1422 W. 3rd St.; J. Humer Miller, Chairman, 1629 W. 2nd St.

Milwaukee, Wis.: Survey just completed.

Chattanooga, Tenn.: W. H. Singleton, Secretary, 25 Grove Street.

St. Louis, Mo.: Urban League of the St. Louis Provident Association; Eugene C. Lawrence, Exec.-Sec., 2212 Locust St.

East St. Louis, Ill.: The Urban League; George W. Buckner, Exec.-Sec., 416 E. Broadway.

Youngstown, O.: Booker T. Washington Settlement; G. A. Steward, Superintendent, 962 W. Federal St.; Sully Johnson, President.

Dr. Farrand Heads Red Cross

Readers of the BULLETIN will be pleased to learn that Dr. Livingston Farrand has been appointed Chairman of the Central Council of the American Red Cross, which position carries with it virtually the direction and management of that organization. Dr. Farrand was the first Executive Secretary of the National Tuberculosis Association and served in that capacity for nearly ten years. For the last two years he has been directing the American Commission on the Prevention of Tuberculosis in France. His experience as President of Colorado University together with his wide grasp of public health and tuberculosis problems will at once appeal to tuberculosis workers as qualifying him in an unusual manner for the headship of the American Red Cross. After March 1st, when the War Council of the Red Cross goes out of existence, Dr. Farrand will be in supreme command.

Red Cross Expands Nursing Work

According to a letter recently received from Miss Elizabeth G. Fox, Acting Director Red Cross Bureau of Public Health Nursing, the Bureau has increased its staff by placing a public health nurse director in each of the thirteen divisions. At present all of these positions have not been filled but those who are appointed are as follows:

Gulf Division, Mrs. Grace Engblad; Southwestern Division, Mrs. Ethel Parsons; Mountain Division, Miss Olive Chapman; Pacific Division, Miss Mary S. Cole; Northwestern Division, Miss Emma E. Grittinger.

In the Southern Division Miss Jane Van DeVrede, the present Director of Nursing, will also assume the duties of the Director of Public Health Nurses. Miss Elizabeth Ross in the New England Division will do likewise. Appointments for the other divisions are not yet settled.

Miss Fox adds: "The Red Cross is anticipating a decided expansion in its Town and Country Nursing Service through the establishment of public health nursing by many of the chapters in towns and counties where no such service exists at present. The chapters are now ready to turn from war duties to peace duties and the latter may well take the form of a community service such as the maintenance of community nursing. There are large rural areas in the United States which have no such public health nursing service at present and where it seems to us there is an opportunity for the chapters to render the most valuable service.

"We shall of course expect our chapters in inaugurating this work to co-operate with other agencies interested in the maintenance of public health. We look upon the work of the chapters as an educational undertaking having as its goal the ultimate taking over of responsibility for public health nursing by the municipality or the state."

A Practical Survey

By Miss Agnes D. Randolph, Secretary, Virginia Anti-Tuberculosis Association

The Virginia Anti-Tuberculosis Association commenced its present method of field work through surveys eighteen months ago, after a study of the results of the campaign in Michigan.

Our Association had since its organization in 1908 cooperated closely with the State Board of Health, particularly in its policy of the development of State sanatoria for incipient and local hospitals for advanced cases of tuberculosis. Having very limited funds, we had confined ourselves exclusively to what might be called overhead publicity—lectures, bulletins, pamphlets, newspaper articles, etc. This work had been most excellently done under one of our ablest men, but the net results were not completely satisfactory.

After eight years of effort, Virginia had two State Sanatoria, 169 beds for white patients and 40 beds for colored. The localities had been hard to arouse, only three cities had provided local hospitals. As we counted our gains at the end of eight years we were not particularly exultant, and it was natural that we should seek out a different and more concrete method of approaching the problem.

The Michigan work had proved of great interest and seemed particularly applicable to Virginia. The location of cases in a given locality—John Smith, known of all men, living here, and John Doe living there—presented itself to our minds as living and irrefutable arguments for some of our sturdy doubting Thomases.

An opportunity for a small experiment in the work was offered us by the suggestion from the State Board of Health that they allow us a certain income from a fund appropriated for tuberculosis education, by the Legislature of 1916, thus combining all available educational funds and completely unifying the tuberculosis campaign. This was made practical by the appointment of a sufficient number of members of the Board of Health on the Executive Committee of our Board. The total fund thus secured was decidedly less than the $50,000 Michigan budget, as ours for all purposes was only about $10,000.

In our first survey we had as very definite objects, to discover the extent and location of the disease in the county and to educate the people in symptoms, cure and prevention. We felt that while we had the theory that for every death there were ten living cases, a certain number of whom could be located by even superficial study, nevertheless we had never demonstrated this as true of a county in Virginia, and it was taught by us as a result of deductions from work conducted elsewhere. We wished definite knowledge of Virginia conditions for ourselves. We were certain, also that the mass of people were totally ignorant of symptons and prevention, were for the most part not under physicians and were living under conditions which guaranteed the continued spread of the disease. We believed that one of the first steps to be taken to cut the death rate must be general education tion. Past publicity methods had not accomplished this and we now hoped to carry the knowledge to the people, first in theory by lectures, then in practical demonstration by chest examinations.

While our survey plans were largely concerned with these two aspects we nevertheless carried constantly before us the hope of leaving permanent constructive work behind, with an organization to secure its maintenance. It was planned to study the financial and industrial conditions of the community; the spirit of the people; their organizations and general development. Conferences were to be held at frequent intervals in an attempt to formulate a plan suited to the locality—a logical step forward to urge upon them as soon as results could be published. We believe then, and now, that if actual conditions could be advertised, the people would be ready for constructive work.

In selecting a territory we had a free hand, since the work was experimental and we were not sought by anyone. We determined to choose a locality in which there would be a chance of building a hospital and where a health organization existed which was willing to cooperate with us. Since there were only a few county health organizations in the State this last requirement was a decided restriction. It was, however, held to, since we not only desired the support of such an office in our first work, but we felt that it was valuable to the general state work that we uphold the hands of these health authorities.

Owing to scarcity of funds, our survey force was limited to the director, a field nurse, and a physician loaned to us for clinic work by the State Board of Health. The Director, with the Health Officer, appeared before the local governing board, explained the details of the plan and asked permission to do the work, stating explicitly that while no expense would be charged to the board then, conditions might be found that would cost them money later on. We offered to bring in a report of findings and to include recommendations for action by the board. As soon as permission was granted, the work began.

The director arranged lecture programs, interviewed officials, held conferences and attended to all publicity. She did not stay in the field, but came and went as the campaign was active or as time was required for futher case development. Lists were secured of the officers of all organized groups, including church societies, school leagues, women's clubs, lodges, and farming and economic associations. These were all visited by the director and engagements made for talks before the groups. All factories were listed in the same way and talks arranged for at the noon hour. These engagements were combined where possible, and several were always made for the same day.

In the first territory no organization resulted, although the development of health activities was marked; in the second territory, a good committee resulted, but the health activities have not grown in proportion. It will probably take years to estimate the amount accomplished.

The nurse went into the field with the director. She was furnished with a complete report of the deaths for a period of at least three years. We set before ourselves the goal of finding five living cases for every death, in the belief that the remaining five cases would fall either in or sufficiently close to the class of early incipients to make it a matter of more time than we proposed to spend. It was our desire to come as close as possible to our goal and to leave local agencies which were prepared to carry on the work. As soon as the nurse entered the field she visted all local doctors, white and colored, secured lists from them of their cases and enlisted their cooperation for clinics. As we had expected the list secured in this fashion was very small. The patients were actually not under the physicians. One interesting discovery from this list, however, was the wide discrepancy between the number given us by the doctors and those filed with the health authorities, the latter having a record of only twelve, while our list numbered fifty. In this same county to-day approximately 200 cases have been properly reported, while about 300 are under the supervision of our nurses.

Immediately after visits were paid to the physicians, the nurse's regular visits to patient began. Our first field was closely settled and had good transportation and at the end of two months we were visiting approximately 100 cases. Our second field was entirely rural and had no transportation, but two months' work gave approximately 75 cases. These patients were found by visiting families in which deaths from tuberculosis were reported by cooperation from the physicians, and by our own clinics. As soon as the nurse had won a footing in the community and had a small group of cases for regular visiting, the first clinic was held. The nurse in every instance selected the location and hour, based upon her knowledge of the community from a tuberculosis and economic standpoint.

The educational campaign in connection with the clinic, was planned with the idea of reaching the entire population—a regular 100 per cent. roll call. The newspapers gave space daily, placards were posted and dodgers distributed. Lectures were given daily in the schools and finally, on the Sunday before the clinic, talks were made in every church throughout the selected district. The two points hammered upon were early symptoms and the possibility of cure. It was quite amazing to realize how practical a talk on tuberculosis may be given in the churches if a suitable religious preface is made.

In rural Virginia this lecture work often carried us far from the railroads to remote colored churches in which no woman had ever before spoken. We found the response from the people varied. Some were eagerly responsive,

some curious, some dubious and others fearful. Perhaps curiosity about us as strange people, and about our strange doctrine, predominated. All, however, were grist for our mill and in our invitation to clinics we always insisted upon the "safety first" idea and the necessity for care of the healthy human machine in order to prevent our clinic from being branded as "only for consumptives" and thereby limiting its usefulness. We had all types of reaction, from that of the old negro who in church praised God aloud that he had lived to see the day and heard the glad tidings of cure for the disease which had killed his own people, to the seriously ill man who refused even to allow an examination for fear we would find grounds for his own dread. The day following the church lectures, the clinics began. These were held morning and evening in the best available public building, school house, church or meeting hall.

A physician from one of the state sanatoria made the chest examinations, a committee of local physicians cooperating with him. We endeavored to have a colored physician on this committee, but were not always successful. The local physicians made examinations and usually checked their results with our doctor. Between clinic appointments, also, the state man did consultation work with the local men if they so desired. We consider this phase of the work very valuable, since the conferences and consultations constantly increase in number and prove that the local doctors like the opportunity given them for consultation with the state's specialists. It also tends to increase the waiting list at the state sanatoria.

One of our chief regrets is the lack of equipment and time for more thoroughly scientific clinic work. We have been fortunate enough to secure cooperation, which a little offsets this handicap. General hospital care has been arranged for several of our non-tuberculosis clinic cases. Sputum tests and Wasserman's can be readily secured, and further examination of doubtful cases have been given by local doctors, or when advisable by specialists in adjacent cities. All positive cases not under a physician are advised by our own doctor and urged to place themselves under a good physician unless sanatoria care is required. When they already have a physician, our doctor confers with him, if possible, and he is immediately consulted by the nurse.

Clinics are held on three or four consecutive days in several different sections of the selected territory. The nurse remains in the community, follows up all cases, arranges for further examinations, for hospital treatment, even for raising funds for sanatoria care, and starts the patient upon "The Cure." She visits contacts and other suspects and within three or four weeks arranges a second clinic. In one or two localities the nurse has opened an office, but for rural districts this is impracticable.

Through the nurse's study of the community we have grown more and more interested in making a serious study of contacts and housing but have not allowed ourselves to become diverted from our main purpose. In every locality we have secured as complete lists of contacts as possible; many early cases have been discovered in this way. We have been in a sense disappointed not to find through our several hundred histories the very bad housing conditions which we feel sure exist. Only in a few instances have we made anything approximating complete investigations, and here our findings were much better than we had imagined. We have always realized this part of the work must be left to the agencies following us.

As the nurse knows her community better she has organized contact clinics at which only families and intimate friends of the tuberculous are examined. These clinics show a high percentage of infection, but our work is too limited as yet for any deductions to be drawn.

We count our results in several ways: In examinations made; in patients placed under supervision, at home or in sanatoria; and in local agencies developed and left in the community. We do not mind our low figures particularly, since the work has been confined to localities where no tuberculosis agencies had been developed and is a clear gain to the state.

During the first fifteen months, twelve sets of clinics were held. No complete record of applicants for examination has been kept, since frequently in the country districts an entire colored congregation has presented itself to the distracted vision of our lone physician. Eighteen hundred would be a low estimate of the number of those who came because of real interest in their own condition or in the campaign. Of these 750 were examined. Percentages of infection mean nothing, of course, for so small a number, particularly since we hold the small "consultation" and "contact" clinics. The only figures in which we take pride are those showing cases under supervision. In our first county, with an average of 75 deaths a year, we now have 225 cases under supervision of nurses. In a small town with an average of 25 deaths a year, we now have 100 cases under supervision. Approximately 50 cases have entered the state sanatoria as a result of the work, in addition to those sent to the local hospitals where such were available.

The cases sent to the state sanatoria have been of particular interest this year, since the state's colored sanatorium opened in May with a capacity of 40 beds. There has been much discussion of whether or not we would have any patients and it was a great relief to find ourselves with a waiting list in July. This, we feel, was a direct proof of the educational value of the survey work. We have not been so successful with the second 40 beds recently opened at the colored sanatorium, and the physician recently wrote demanding clinics in two of the counties in which we had worked.

We also feel that we have been fortunate in the results of our constructive work. In our first community, a nurse was employed at the end of four months and later the tuberculosis department was absorbed by a well-organized health board, established in connection with a cantonment zone. In our second field a community nurse was employed under a local tuberculosis committee. We have been particularly fortunate in the personality of our nurse, and she now acts as consultant in these counties. War and influenza prevented the employment of a nurse in our third county, and we are still sending the nurse into this field for follow-up work.

It was our intention to use this survey plan for strictly rural districts as education for the governing boards and the people. Recently, however, owing to complications in one of our city associations we have loaned our field nurse to them for a similar piece of work. A factory district has been selcted. The work will be more intensive and complete, since several city agencies will cooperate in it, and we hope it may prove the means of stirring up an organized community which has through force of circumstances grown stagnant.

It is almost impossible to give the exact cost of a county survey. Our field nurse is paid a fixed salary and is responsible for her own expenses. We use a Ford car, loaned by the State Board of Health. The Director is not continuously occupied in the territory, and the field expenses vary widely even in different sections of the same county. Advertising and special printing have cost us very little, since we use our regular stock literature. The additional amount of this ordered has been charged in with our other educational expenses on the books.

After eighteen months of the work, our board has determined to increase the scope of the plan. The legislature of 1918 passed a direct tax law to be used for additional hospitals. This will give a sufficient fund to enable the State Board of Health to build at least one district hospital. As soon as the site is determined upon, our field force will begin survey work in adjacent counties. A second force will be placed in another part of the state in anticipation of the building of a second district hospital, in 1920. The Board has determined upon this since it believes that this method of field work is probably the surest we can devise for accomplishing four main objectives.

1. Carrying education to the people in the most economical and practical way.
2. Educating the locality to the extent of the disease in their midst.
3. Creating organizations for constructive work.
4. Securing our ultimate aim, the supervision of all consumptives.

Annual Meeting Dates

The annual meeting of the National Tuberculosis Association will be held at Atlantic City, June 14, 16 and 17. Hotel headquarters will be at the Marlborough-Blenheim. The meetings will be held in a nearby church. The meeting of the National Association will follow immediately after that of the American Medical Association and simultaneously with the American Congress of Physicians and Surgeons.

Members are urged to make hotel reservations at the earliest possible dates. For list of hotels, write to the Publicity Bureau, Guarantee Trust Building, Atlantic City, N. J.

Negro Cases in Alabama

By Bertha Clement, R. N.
Jefferson County Association

In Alabama where the death rate from tuberculosis is about 5,000 annually, it is safe to say that five out of every six are Negroes. The disease seems so hopeless where the Negro is concerned. His housing facilities, his mode of living, his wage earning capacity and his ignorance, all make for the spread of the disease until he is well-nigh a hopeless problem; and yet we cannot exclude him from our plans for better health. We are so closely associated with him and he is so necessary to us, that we are bound to educate him of not for humane reasons then to safeguard ourselves. Let us do it for both, or we will have to do without him if this Alabama death rate goes on. He must be included in our educational work, and most of all, a place to segregate him must be provided when he is hopelessly ill with tuberculosis.

At the Southern Conference, Dr. Hatfield read a very brilliant paper on hospital provision for the Negro, giving the number of sanatorium beds available in all the country. According to his statistics these were alarmingly few.

Here in Jefferson county, the work with which I am most familiar, we have no sanatorium space for the Negroes, but we have included them in our educational service and support a special colored nurse to teach and work in their homes. We find, then we prove ourselves his friends, that he is teachable and tries not to be a menace. Even the most ignorant patient, who will never understand the germ theory, will use the sputum cups and tell the nurse on her return that the cups she left have done him worlds of good. Those who are financially able build sleeping porches, and our records show some splendid results where this is done. The rank and file of them live in three-room houses—some in alleys, all in the heart of the own where it would be a farce to build a sleeping porch; for in this great Pittsburgh of the South, the outside air is about as dirty as the inside.

I am going to tell briefly some of our experiences both in the clinic and in the field, to show just what a menace we are up against and one to which we will not be able to close our eyes much longer. First, taking the selfish attitude, if you please, from the standpoint of a source of infection to us: We have in our files advanced cases with positive sputum, who left their post of duty to come for examination, Negroes serving in the best homes here as cook, nursing maid, chamber maid, laundress, waitress or butler. Alarming, isn't it, to think of their coughing over our food and into faces of our children, and yet that is what happens!

Just so recently as January 31st of this year, a lady brought her cook who is suspected of both tuberculosis and syphilis. We are having both sputum and Wasserman test made to prove beyond doubt. How can people who live in three-room houses be other than a menace to themselves and to outsiders? Here is an example of a family of nine living in a three-room house in which are two cases of tuberculosis. We put them both in one room, giving the remainder of the house to the other seven. They were clean and carried out instructions, but they all lived so close together that they could not but infect each other. The first two died and two others followed in less than a year and we still have an early case there. A small boy, 16 years old, was the only support of this crowd, though the mother did a little washing which she gave up of her own accord when she realized the danger her home might be to the people for whom she worked. I wonder sometimes if white people would be as careful of their colored neighbors.

An old Negro mammy applying for a washer-woman's permit, after being carefully told how she should handle the clothes and what kind of tubs she should use, etc., remarked, "Now, what yo'all doing to protect us from the white people clothes, honey?"

There is another instance of an advanced case next door to a big Negro school. When I found him one warm day he was expectorating in an old tin bucket. His wife was ironing white peoples' clothes in the room; hundreds of flies were crawling into the sputum bucket then on to the clothes. I trembled for the school children who would soon be eating their lunches which the same flies would be crawling over. Needless to say we correct as much of this as we can. That is our job. This father died a few weeks later, but not until he had infected one of his children who has since become an arrested case under our care. There have been four deaths from tuberculosis since, on that streets, but let me say that the school has been moved to better quarters.

These are only two instances. I could go on enumerating case after case. Our colored nurse, who works exclusively in Negro homes, makes about 300 visits per month in the Birmingham district alone. The daily reports of new cases from the Board of Health are mostly Negro cases. About two-thirds of Alabama's tuberculous soldiers returned proved to be Negroes.

We have had some very happy experiences as well as sad ones, as can be proved again from our records; so much so that we do not believe the old saying that tuberculosis is always fatal in the Negro. One man in particular who built a sleeping porch, carried out all the instructions as to rest, food and air, and has been an arrested case for over two years and has sent many others to us for the same treatment, not always, alas, with the same result! He has been an educator to his community.

We need a hospital instead of an almhouse for the segregation of these advanced Negro cases, sanatoria for the early cases and open window rooms for the Negro schools and more public health nurses to work in the homes. I believe in a rigid medical inspection of all school children and the correcting of all physical defects, such as bad teeth, tonsils, eyes and other things that make for lowered resistance in the child, and to have it taught in the public schools. All the schools would be one good Modern Health Crusade all the time. I hope we will some day have laws that will prohibit a family of nine from living in a three-room house and that homes will no longer be built in the alleys and in the dense part of the town; that education will be compulsory in the Negro; and that each man will make a living wage.

Our Negroes responded nobly to the call for men to help make the world safe for democracy. Now let us work to make it a safe place for humanity.